

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEF	IND	DEF	IND	DEF
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TOTAL IND.	6					
TOTAL DEF.	5					
TOTAL CLAIMS	11					

  

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